wisconsin Department of Commerce - Bureau of Housing								
Wise	consin ServicePoi	nt User Licenses	Number of WISP Licenses Requested	0				
Agency Name								
Authorized Signature	Title	Date						
Print Name	Phone	Fax						
E-mail	Mailin	g Address						
Please type or print the infor	mation below for each user:			Access Level				
Name	Phone	Email	Access Level	Volunteer				
1				Agency Staff Case Manager 1				

Case Manager 2 Agency Administrator **Executive Director** 

	Name	Phone	Email	Access Level
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

<sup>\*</sup>Please make sure to include your name to the list if you wish to receive a WISP license.